

THE CALIFORNIA
STATE JOURNAL OF MEDICINE ¹¹⁰⁰⁹

EDITED BY
PHILIP MILLS JONES, M. D.

VOLUME V
1907



PUBLISHED BY THE
MEDICAL SOCIETY STATE OF CALIFORNIA
SAN FRANCISCO

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California State Journal of Medicine.

Owned and Published Monthly by the

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VOL. V

JAN., 1907.

No. 1

EDITORIAL NOTES.

Approximately \$30,000,000.00 is the amount which our complacent Congressmen take from the people of the United States through the Postal Department, and give to the railroads. Quite a nice little sum, is it not? It

RAILROADS AND MAIL.

makes a good big deficit in the Post Office Department, too, and you have to help make it up. It is on account of this deficit that a committee of Congress was appointed to look into the second-class mail (newspapers and periodicals) situation and suggest a remedy. With the distinguished intelligence of most Congressional committees, this one, instead of suggesting that the chronic looting by the railroads be stopped, recommends that the second-class rate be increased four times! Furthermore, the Post Office is required to do all of the work for the Government for nothing. If the Government paid for the carrying of its mail, as you have to, the Post Office would receive for this work some \$19,000,000, or enough to pay the entire deficit and leave a balance of over \$4,000,000 to the good. The Post Office pays to the railroads the sum of \$45,000,000 for carrying the mails. If the railroads received exactly the same rates for this matter which they do for carrying express matter, the Government would save about \$30,000,000. In other words, the railroads are getting some \$30,000,000 to which they are not legitimately entitled. How do they manage it? The scheme is very simple. In the first place, our ever kind and thoughtful Congressmen allow a rate that is nearly three times the regular express rate; the express

rate is high enough to pay both the express companies and the roads enormous earnings. For instance, the express rate from New York to Chicago is \$1.25 a hundred; for carrying the mails, Congress allows the same roads to charge \$3.56 a hundred. The second portion of the scheme of pilfering is no less simple nor efficacious. The mail matter carried by all railroads in the United States is weighed for 60 or 90 days every three or four years, and it is assumed that this is a true average of the regular amount of mail carried. The railroads are paid on that basis. Very simple; yes, indeed. But again the philanthropic Congressmen, who love the railroads more than they do you, take this particular period as the one auspicious time at which to send out large quantities of government publications, seeds, etc., to their constituents. And of course these are franked, so the harm is two-fold; an unusual amount of mail matter is carried by the railroads at this particular time, and no postage is paid upon it. Simple? Why it is childish so! In one month when the mails were being weighed, a single physician in San Francisco was favored with three sacks of government publications, weighing probably two hundred pounds.

As a result of this continuous and increasing robbery, the attention of many people has been

WHERE IS THE CURE?

drawn to the postal deficit; even the Postmaster-General has taken official cognizance of it and in his report, December,

1905, says:

"The most striking feature in postal administration at this time, aside, perhaps, from the considerable extension and cost of the Rural Free Delivery service, is the increasingly large amount paid to railroad companies for transportation of mails. Correspondence on file in the department, as well as frequent references in the public press, indicate that there is a widespread popular belief that this pay is extravagant."

Dr. Taylor of the *Medical World* has employed Frank Parsons, Esq., a distinguished member of the Boston bar, to prepare a brief on this subject and it is largely from that document we have derived the facts here set forth. He says:

"The railways charge the Government about three cents a pound for hauling second-class matter, according to Professor Adams, and eight cents according to Postmaster-General Wilson, but haul the same stuff for the express companies for less than a tenth of a cent a pound. And if the railways had any serious objection to such rates they would hardly have permitted them to continue all these years, but would have provided against them in their contracts with the express companies."

It is to be regretted that we can not print the entire brief of Mr. Parsons, but we think enough

has been said to show pretty clearly just where the cause of the "postal deficit" lies; it is railroad graft, with the kind assistance of Congress. And this most excellent and worthy Congressional committee, will it recommend that railroad compensation for carrying mails be reduced to correspond with railroad charges for express and private shipments? It seems hardly likely; rather will they stand with their friends, the railroads, and recommend an increase in the charge on second-class matter. And what has that to do with medicine? It would seriously cripple a good many medical journals; it would increase the cost of publishing your own JOURNAL by several hundred dollars a year. And all this just to let the railroads steal some thirty millions of dollars from the Government. Why not drop a line to your Congressman and let him know that you know something about this particular piece of graft?

Loud spoke the gentlemen from New York, from the united and solidified profession of the

THE NEW YORK STATE JOURNAL.

of Delegates of the American Medical Association when the question of supporting the Association's Council on Pharmacy and Chemistry came before it. No firmer friends had decency, said they, than the officers and delegates and members of the great Medical Society of the State of New York. The President is no less a person than Joseph D. Bryant, President-elect of the American Medical Association, and in the list of officers and delegates one may find many distinguished names. The publication committee consists of the following gentlemen: E. Eliot Harris, F. M. Crandall, H. M. Biggs, A. T. Bristow, and Alexander Lambert; the last-named gentleman is also the Treasurer of the Society. Four of the five members are also delegates to the American Medical Association and have gone on record as highly approving the Council on Pharmacy and Chemistry of the American Medical Association, and the policy of the *Journal in dealing* with nostrums. "Words, words, words; buzz, buzz, buzz!" In the last number of the Society's *Journal*, which supposedly represents the views of the publication committee and the officers of the Society and stands for the medical profession of the great State of New York—a "united profession"—one may find the following advertisements, many of which have been exposed as frauds or the methods of the promoters condemned in the pages of the *Journal A. M. A.*: Dios Chemical Co.; Glycozone; Tyree's powder; Kutnow's powder; Scott's emulsion; Vin Mariani; Gray's glycerin tonic; Pepto-mangan; California fig syrup; Buffalo lithia water; Mercauro, etc. How the breast of the President, Dr. Bryant, President-elect of the A. M. A., must swell with pride and satisfaction when he looks at the journal of his own State Society and sees how it mocks and derides the work of the association over which he will next year preside as President. How the distinguished mem-

bers of the publication committee, four-fifths of whom are delegates to the A. M. A., must glory in the fact that they can talk loudly of purity and of supporting the A. M. A., in the House of Delegates, and then go home and sell out the pages of the journal, which it is theirs to control, to any old nostrum-man whose cash is ready! Gentlemen, for a superb feat of mental and moral jugglery, you are to be complimented! Your support of the American Medical Association, and its policy, is certainly unique; your appreciation of the work of the Council is magnificently—nil. Your co-operation in the hard work of eradicating the nastiness of the nostrum evil, must give pride to the numerous members of your great Society; they must be glad to know that the Medical Society of the State of New York approves of the nostrums mentioned, even if the Council of the A. M. A. does not. They must be proud of your rhetoric in mouthing good words as delegates, and of your acute commercialism in selling the advertising space in their journal, which they have asked you to conduct, to such a good paying, upright and righteous bunch. Dr. Bryant's position is certainly unique and entertaining. As President of the A. M. A. he will naturally take a deep interest in the tremendously valuable work of the Council on Pharmacy and Chemistry. As President of the Medical Society of the State of New York he can see the journal of that great Society selling its pages to advertise preparations exposed by the Council of the association. With one hand he may help to tear down what he has aided in building with the other. Unless we are vastly wrong in our appreciation of Dr. Bryant, he will hardly relish the anomalous position in which the journal of his Society has placed him. These, shall we say criticisms (?) of ours, are actuated by jealousy; our JOURNAL has been able to reject or throw out the advertising of only nine of the things mentioned. But there is consolation: California was placed, by a kindly providence, as far away from New York as geographical circumstances would permit!

And the *New York State Journal of Medicine* claims to an exceeding virtue. It regularly publishes the following: "The

AND IT IS VIRTUOUS!

Journal will not accept advertisements of preparations, etc., which are advertised and sold with unsubstantiated claims to the general public; or of preparations, the formulas of which are secret." Fine! Beautiful sentiments! But note the lovely gold brick. Read that quotation over carefully. Under this rule anything advertised to the public, so long as no unsubstantiated statements were made, would be acceptable in the pages of the *New York State Journal of Medicine*, the official organ of the Medical Society of the Empire State. Self-medication may be stimulated as much as possible, and the physicians in New York will help—if they are paid for it. And as for formulas! Just ask the Council on Pharmacy and Chem-

istry what it thinks of the formulas furnished by manufacturers. If you do not care to go to the trouble of writing to the Council, just take the back numbers of the *Journal A. M. A.*, and read what it has published regarding the frauds as to formulas or methods of bamboozling the profession which have been practiced by the very firms which the physicians of New York are now helping to promote for money. Surely, one must suppose, the officers of the great Medical Society of the State of New York, and especially the members of its publication committee, must carefully refrain from reading the *Journal A. M. A.* Or can it be that they do not care to be enlightened; that they prefer the dirty dollars they get from the advertisements? It can not be that they do not approve of the work of the Council, or endorse it, for their delegates have been active in its support. One of them, Dr. Jacobi, was on a committee which drew up resolutions endorsing the Council's work most emphatically, so recently as at the Boston meeting. Can Dr. Jacobi have changed his mind in these few months? It is not to be believed. Dr. Bryant, and you gentlemen of the publication committee, the responsibility is yours and you can not shirk it. Look through the advertising pages of the *Journal* placed in your hands by a confiding Society, read what the *Journal A. M. A.* has published in exposure of the things you are taking pay for advertising, and then say what you really think of yourselves. Why—we hate to say anything so bitter—your journal is almost as bad as the *Medical Record!*

The present number begins the fifth volume of the STATE JOURNAL. It is somewhat less bulky

FIFTH VOLUME.

than the January number of a year ago, for the reason that we have not recovered from the crippling catastrophe of last April; but during the year we trust that conditions will so materially improve that the additional number of reading pages may be added. However, if we are not quite so comfortably situated as we were a year ago, we have at least as much confidence in the future and at least as much potential energy. This year and succeeding years will develop many problems of interest and importance to our profession, and will find for each one of us ample work. The broad plan of organization of the medical profession is at last shown to be distinctly successful. In all parts of the United States, medical societies are increasing their growth and their strength, and are becoming, as it were, crystallized. Instead of wandering each his own way through life, we, as physicians, are awakening to the fact that we have many important duties, and that in many directions these have been forgotten or unrecognized in the past. As our profession is brought more and more into harmony, we recognize more and more clearly the great harm that has resulted to the public through our own apathy in the past. Public health institutions of all

sorts have been permitted to become playthings of political machines. Hundreds of unscrupulous individuals have been permitted to fatten upon sickness and distress through the exploitation by our profession of worthless stuff under the guise of "proprietary" preparations; really nostrums. A few months ago it was said that only in California and in some of the Southern States did physicians rebel at the cut in insurance fees; now we find that the rebellion has spread throughout the entire country. Everywhere there is talk of reciprocity; of standardization of the laws governing medical practice; of improving, at least in some degree, our present crude methods of licensing medical practitioners. These things can be done only by medical men themselves, and then only through organized bodies of physicians, working together intelligently and understandingly. Surely, with so many interesting problems, only a few of which have been barely touched upon, one can look forward to the future with feelings of pleasurable anticipation; for 1907 brings with it no less a store of work to be done than have the previous years brought. But these undertakings are not such as may be performed by any one individual; we must all do our share. Each County Society must strive to make its organization more perfect and more solid and to bring its members into closer and more harmonious touch. As individuals we can do nothing toward the safeguarding of public health interests; as strong, active, healthy societies, we can exercise a most powerful influence. Let us see to it then, that we will endeavor to live more fully and more completely up to our duties and our responsibilities in this and succeeding years.

Truly, we are indeed a gullible and a forgetful people. We will be intensely indignant today, and tomorrow forget what it was all about. We will believe a published lie that we read today, and next week we will

WE ARE GULLIBLE.

.... day, and next week we will read another one about the same thing, but diametrically opposed; and again will we believe that. We have come to regard the most exaggerated and impossible statements of manufacturers as privileged communications whose truth should be depended upon. We have got out of the habit of asking questions—or rather we had got out of this habit until the American Medical Association organized its Council on Pharmacy and Chemistry; now we are told that the medical profession, through this Council, is asking too many impertinent questions. All this is brought to mind by a little paragraph in the "*Texas Medical Journal*" (referred to by the editor as the "red back," not the "grey back") which refers to that delectable preparation, California Fig Syrup. By this time most of us have forgotten that the trade mark formerly held by this company under the name of Fig Syrup was declared invalid by the courts, for the reason that it was neither descriptive nor true, as the preparation did not contain syrup of figs. Subsequently, we believe,

some fig syrup was really added to the preparation, and the company went merrily on about its business. With the passage of the Pure Food and Drug Law, the United States government had the impertinence to demand that labels on packages containing foods or drugs should truthfully state the contents. We learn from the "*Texas Medical Journal*" the highly edifying fact that, hereafter, what has been known as "California Fig Syrup," will be known as "Syrup of Figs, an elixir of Senna." Of course the paragraph in the highly esteemed journal referred to does not make reference to the Pure Food and Drug Law, nor does it state that unless the labels on packages of Fig Syrup cease to be a fiction and really tell the truth, that preparation would be denied interstate commerce; of course not. Why should it? Why refer to anything so disagreeable? Why not merely be virtuous and say that we desire to change our label and indicate what the stuff really contains? This is just one of the numerous little rotten spots that would be funny if they did not indicate such a terrible condition of mis-statement, fraud and dishonesty.

A COMBINATION OF SYPHILIS AND EPITHELIOMA OF THE TONGUE.*

By DOUGLASS W. MONTGOMERY, M. D., San Francisco, and H. M. SHERMAN, M. D., San Francisco.

The interesting points in the following case are the combination of two important diseases such as syphilis and epithelioma in the same lesion, and the elicitation of an interesting history of unsuspected syphilis.

On November 29, 1902, a patient thirty-seven years of age, came to me complaining that she suffered from "cold sores" in the mouth, and that lately one of them had acted badly and had refused to heal. She said that she had long suffered from "cold sores," ever since her first pregnancy in fact, and that some years previously two of them had acted badly and had refused to heal, but had finally closed leaving no trace. During the first pregnancy, and coincidentally with the advent of the "cold sores," there appeared a circinate eruption on the wrists resembling "ring worm," which after a time faded out entirely.

On showing me her tongue there was seen a large oblong ulcer lying on its dorsum to the right of the median line, and situated about midway between the base and the tip. Its long diameter was about two and one-half cm, and lay in the same direction as the length of the tongue. Transversely the ulcer measured about one and one-half cm. It had a dirty white, moist floor, and a red, raised, indurated rim. It was tender, and during the past few days it had become acutely and spontaneously painful, and the pain extended up into the right ear. There was slight enlargement of the right submaxillary nodule, and the patient had a herpetic sore on the vermilion border of the lower lip, and another on the left border of the tongue. There

was no lumpiness as of gummatous deposits either in the floor of the ulcer or anywhere else in the tongue.

Besides telling from what she supposed the ulcer to have arisen, the patient gave me an account of the treatment it had received. The present sore had appeared five months before, and was then about the size of a pin head, and was persistent. It was burnt with lunar caustic by herself, but with no success as regards healing. She then consulted a physician, who also burnt it with nitrate of silver stick, but with equally bad success. She then consulted another physician who examined it microscopically, and then burnt it with some kind of caustic, but still there was no healing. In August, that is about three months before coming to me, she got X-ray treatment every day for more than two weeks, and then went camping. While on the camping trip the ulcer healed over, and left a white area. In a short time, however, the healed surface broke down again, and she took the X-ray for seven more treatments, the ulcer in the meantime growing steadily worse. She then consulted another physician, who burnt it with no better success than had attended the previous cauterizations. This list of failures is enumerated merely to show the intractable nature of the ulcer, and that it would not yield to any ordinary treatment.

I had therefore before me an ulcer, which the patient told me had arisen from a "cold sore," and the presence of two herpetic lesions, one on the edge of the tongue and one on the lip, seemed to her to support this statement. The size, depth and permanency of the lesion, however, showed the view to be incorrect. It also was not a traumatic ulcer due to the cauterizations it had suffered, because a sufficient time had always elapsed after each cauterization to permit healing, and it was not due to sharp projections on the patient's teeth, because there were no such projections; and besides, it was situated on the dorsum of the tongue, far removed from the teeth. The ulcer did not look like an X-ray burn. The diagnosis therefore lay between tuberculosis, syphilis and epithelioma. There was no history of tuberculosis in the family, and the patient was in good general health with no cough or other symptoms of tuberculosis; there were no yellow tubercle-like bodies in the floor of the ulcer or in its edge, and smears made from material taken from its surface showed no tubercle bacilli.

Indirect inquiry as regards syphilis, however, elicited the following interesting history: The patient was married July 24, 1888, and previous to this had had "sore eyes." It was impossible to determine whether the "sore eyes" had anything to do with syphilis, but probably not. She had been pregnant in all, four times, the first pregnancy occurring about two and one-half years after marriage. The fruit of this first pregnancy miscarried at about the eighth month, was stillborn, and it was thought it had been dead about three weeks. The fruit of the second pregnancy was born at term, and is still living. The subsequent history of this child will be given later. The children of the third and fourth pregnancies were born at term, and are still living

* Read at the Thirty-sixth Annual Meeting of the State Society, April, 1906.

and healthy. During the fourth pregnancy the patient suffered from an ulcer over the inner side of the right tibia, which refused to heal and was finally cut out. About five years after marriage the patient had a suppurative lesion of the terminal phalanx of the left index finger that endured for three years. The nail would occasionally be shed, and the pulp of the finger would then swell up. It finally healed without leaving a scar.

I am indebted to Dr. Jas. W. Seawell for an excellent history of the child, the fruit of the second pregnancy, who is undoubtedly frankly syphilitic. On February 19, 1903, when Dr. Seawell took his history, this child was ten years of age. At birth it was poorly nourished and at three weeks of age had what was called acute eczema, which lasted three or four weeks. At the same time there was suppurative paronychia of nearly all the finger nails, which were subsequently shed. The child suffered from sore mouth up to the age of three years. At the age of five years he had influenza followed by nephritis. At seven years of age he had trouble with the knee joints, which became enlarged. At the same time a grayish film began to appear on both corneas, and he became blind first in the right eye, then in the left. He was then sent to a hospital in Portland, where he remained for six months, receiving, probably, anti-syphilitic treatment. The eyes improved, and the trouble in the knees got well. Since then it has been necessary to wear glasses for astigmatism, and the mother said the child had a poor memory, and acted queerly at times. When Dr. Seawell examined the child he was still poorly nourished. The head was of the hydrocephalic type. The cranial sutures and the nose were all right. There were opaque scars on the corneas, but the retinas were all right. The teeth were Hutchinsonian. The child suffered from adenoids, and the tonsils were enlarged. The nails of the right index, middle and ring fingers and of the left middle finger were missing, and the other nails were cracked and corrugated. The postcervical, submaxillary, inguinal and epitrochlear lymphatic nodules were enlarged. There was dullness, increased vocal fremitus, and increased resonance over the apex of the right lung. The heart, liver and spleen were normal.

Dr. Seawell gave the child bi-chloride of mercury, one-sixtieth of a grain, three times a day, under which he improved. The child of the third pregnancy was found by Dr. Seawell to have a small ulcer over the tuberosity of the right tibia, which had lasted for six months. There was a history of having fallen on the knee, and that the abrasion would not heal. The ulcer, however, finally responded to local treatment.

The youngest child, a female, had snuffles when a baby, and nearly all her life up to about a month before taking her history had suffered from "hives"; about a year before she had had two or three red papules around the wrists and on the back of both hands, which lasted for about two or three weeks.

That my patient was syphilitic there could be no doubt, and it is probable that she got her syphilis

during her first pregnancy, for it was then that she began to get the sores in the mouth, and that she had the circinate eruptions about the wrists, that constituted, as far as we could judge, the first symptoms of her malady. Where she got the infection we never could find, for both the patient and her husband denied on direct inquiry all knowledge of how either of them might have come by it, and people in such a grave situation as they found themselves, frequently tell the truth.

That the ulcer on the tongue was syphilitic admitted also of no doubt. It was on the dorsum, a frequent situation for syphilitic ulcers, and an infrequent one for epithelioma. It had been preceded by two similar ones that had healed under very mild treatment, or possibly no treatment at all. The ulcer did not readily bleed on being touched, as epitheliomatous ulcers do, and it had not the woody hardness that epitheliomas have. The posterior rim of the ulcer was unusually firm, however, and this will be mentioned later on. The pain extending into the ear, so frequently found in epithelioma, can also occur in other ulcerations of the tongue, and the enlarged lymphatic nodule under the lower jaw was of no diagnostic value. The patient's sex was against her having epithelioma, for women are much less affected with this disease of the tongue than men. But this immunity is only due to their not smoking, and does not lie in any essential resistance of the tissues. A chronic irritation will probably cause cancer in the tongue of a woman as quickly as in that of a man. As regards age, the patient had come within the cancer age; she was thirty-seven years old. There was, however, one suspicious symptom. The ulcer had a very prominent rolled rim, and this prominent and rolled appearance was particularly marked on its posterior border, where the border was also, as before mentioned, unusually firm. In addition to this there seems to be a tendency for epithelioma to arise in gummatous ulcers of the tongue.

In such cases where there is a combination of these two diseases, a great amelioration of the symptoms is secured by the administration of specific treatment. Afterwards, however, the epithelioma asserts itself, and much valuable time is lost. As Leredde has said in discussing a similar combination of diseases, a biopsy does no harm, and may clearly show where the danger lies (*). With this in view, a piece of tissue was snipped out of the posterior, hard, raised rim of the ulcer, and on the same day anti-syphilitic treatment was begun by giving the patient an injection of a one per cent solution of bi-chloride of mercury.

The microscopical examination of the piece of tissue snipped out showed the epithelial cells to be of a typical shape and arrangement, and the inter-papillary rete suspiciously elongated downwards. The papillæ in chronic inflammatory conditions are often elongated, and much the same picture may be found, but in the present instance it was judged too much like epithelioma to incur the risk, and a rad-

(*) Soc. de Derm. et de Syph. Annales de Derm. et de Syph. S. III Tome IX., 1898, p. 1140.

ical operation was advised. The operation was performed by Dr. H. M. Sherman.

As the part of the ulcer suspected of having undergone epitheliomatous degeneration lay on the posterior edge of the ulcer, and as the ulcer was situated on the dorsal aspect of the tongue to the right of the median line, and midway between the base and the tip, the anterior aspect of the tongue should be considered free of disease, and also comparatively free from danger of infection, because epithelioma spreads in the direction of the lymph stream which in the present case would be downwards and backwards. The disease would therefore not so readily spread either laterally toward the left half of the tongue or anteriorly toward the tip. The left half of the tongue could therefore be spared, and the tip could be utilized for a flap. The procedure planned on this line of reasoning was found to be eminently successful.

After Dr. Sherman had removed the diseased tissue, the specimen was handed to me, and its examination was highly interesting. The specimen was first laid open by a sagittal incision carried down through the center of the ulcer. The diseased tissue forming the base of the ulcer could be well made out with the naked eye, and a piece of ground glass was laid against the cut surface and a tracing made. This showed a lardy condensation of diseased tissue deeply situated below both the anterior and the posterior extremities of the ulcer. The microscopical examination showed that these lardy infiltrations, and in fact the whole base of the ulcer, were studded with irregularly shaped miliary gummata, together with hyaline degeneration and giant cells. The gummata differed from those of tuberculosis in being more irregular and being angular in shape; in not being so well defined; and in not having so many epithelioid cells. That no tubercle bacilli were found, although sought for, was not a point of much importance, because they are often very difficult to demonstrate in tissues that are undoubtedly tuberculous.

The microscopical examination of slides made from sections taken from the posterior border of the ulcer, which clinically was suspected of being epithelioma, showed positively the presence of epitheliomatous infiltration, in its early stages. There was epithelial infiltration deep down in the connective tissue of the tongue with epithelial degeneration and pearl formation. Some slides would show thick sausage-like columns of epithelium penetrating deeply into the subjacent tissues. In another slide such a column would divide off into a number of branches fading off into a sort of blue haze as seen in sections stained with hematoxylin. In still other places there were loculi in the connective tissue filled with atypical epithelial cells. In all this region the basal layer of columnar epithelium was either very poorly marked or altogether absent.

Besides the coincidence of two such interesting diseases as epithelioma and syphilis in the same lesion, there was the frequent appearance of "cold sores" on the tongue which the patient said had first appeared during the first pregnancy, about the

beginning of the year 1891, and had lasted for eleven years, or till 1902, when she began taking anti-syphilitic treatment. They then promptly disappeared. In a letter received a few weeks ago from Dr. Seawell, he states they never reappeared. The initial sores in the mouth may, of course, have been mucous patches, but when I first saw them, eleven years after the first pregnancy, they certainly did not look like mucous patches, but like "cold sores." Besides this, mucous patches do not endure so long, as they are a manifestation of early constitutional syphilis, and are not a symptom of its later stages. Simple herpes of the mouth is generally attributed to some derangement of the alimentary tract, usually of the stomach, and frequently appears while the patient is suffering from an infective "cold," such as "la grippe." That in the present instance, however, the herpes was in some way dependent on syphilis is borne out by the fact that the eruption suddenly ceased on commencing anti-syphilitic treatment, never to return. The readiest explanation seems to be that the herpes in the present instance was a parasymphilitic brought out by some disturbance caused by the syphilitic poison, and that therefore, although not a direct manifestation of syphilis, yet disappeared on the patient undergoing treatment for syphilis.

The result of the operation was good. The flap got by sparing the tip of the tongue aided in rapid healing, and served to diminish the size of the subsequent scar, and there never has been any return of either the gumma or the epithelioma during the three years and a quarter that have elapsed since the operation.

THE DIAGNOSIS OF SOME LUNG CONDITIONS REQUIRING SURGICAL INTERFERENCE.*

By GEORGE H. EVANS, M. D., San Francisco.

To cover, in the most practical way, the above subject within the lines of a brief paper, it will be necessary to confine its limits to a consideration of some of the conditions technically within its title, eliminating from this discussion, except in so far as they are considered in the differential diagnosis, a number of affections of the lung and pleura frequently requiring surgical intervention; and succinctly present a clinical classification and symptomatology of lung abscess which will lead to a better recognition of this condition.

While it is admitted that in every instance the co-operation of bacteria is necessary for the origin of abscess, it is not intended in this paper to establish a bacteriologic classification, for such an one would be bulky and without practical import. Various bacteria have been demonstrated in the sputum, in the pus evacuated from abscesses, and in plate cultures of the patient's blood. Of these the pneumococcus, the staphylococcus pyogenes aureus, the streptococcus, and the bacillus of Friedlander, are the most frequent.

In attempting a clinical classification of lung ab-

* To have been read at the Thirty-sixth Annual Meeting of the State Society, San Francisco, April, 1906.

cesses it will be better to adopt the nomenclature of Aufrecht and divide them roughly into (1) abscesses occurring in diseased tissue, such as those which result from suppuration in a pneumonic area, bronchiectasis, pulmonary tuberculosis, the chronic abscesses developing in the indurated lungs of old people, etc; and (2) those which develop in previously healthy lungs.

Of the first class, those occurring as a sequence of pneumonia, may first engage our attention. Abscess is not a frequent complication of pneumonia. Osler observed it in 4 per cent of his autopsies on those dying of pneumonia. Holt found it present in 7 per cent of the autopsies upon infants and young children dying of this disease. As illustrative of some of the difficulties which confront the diagnostician in the recognition of this condition, the following history of a case occurring in my private practice will be interesting:

This patient was a man, aged 45, who contracted croupous pneumonia involving the lower and middle lobes of the right lung during acute alcoholism. The disease ran the course of a severe pneumonia for about two weeks when a typical crisis occurred, which was shortly followed by a rise in temperature, the febrile condition ranging irregularly between 99° and 101°. From the time of the rise in temperature until his admission to St. Luke's Hospital, about one month later, his condition had every indication of an uncomplicated delayed resolution, except that there were diminished breath sounds, vocal resonance and fremitus throughout the base of the affected lung. The leukocyte count was persistently high, and streptococci and staphylococci, but no elastic fibers, were present in the sputum. Diagnostic pleural punctures on several occasions yielded negative results. There was no evidence of cavity formation; nor was there at any time intermittent expectoration of large quantities of pus. Change of posture did not show any change in the limitations of dullness. He suffered considerable pain in the lower right chest. Two weeks after admission, for the first time he showed unmistakable evidence of fluid in the pleura, which was confirmed on diagnostic puncture by the expression of pus containing streptococci and staphylococci. Two ribs were resected and large quantities of pus, containing shreds of lung tissue evacuated. His recovery was uneven; the discharge gradually diminished and totally disappeared; the wound healed, and he left the hospital 30 days after operation. This was over a year ago, and at present, between his attacks of inebriety, he is actively at work and apparently in perfect health.

The difficulties in the way of a recognition of these abscesses, following pneumonia, are very great. The physical signs are apt to confound them with unresolved pneumonia; for the abscess, if present, is frequently in the center of a pneumonic area, and while in the latter bronchial breathing is the rule, one frequently finds the breath sounds feeble or absent, particularly if a thickened pleura supervenes. Coarse friction sounds are also frequently found in both conditions, and the percussion note does not aid the examiner, for the dullness is usually equally marked in both conditions. In the case just reported, while the existence of lung abscess was suspected because of the irregular temperature curve, the high leukocyte count, the dullness over the entire lobe, the diminution of breath sounds, resonance, and fremitus throughout the affected part, and the

negative results from pleural puncture, its presence was only made clear when the abscess had burst into the pleura. The temperature and the leukocyte count are usually higher, however, when abscess is present, and particularly should the latter be suspected if the leukocyte count rapidly increases.

Equally confusing is the differentiation between this condition and a sacculated empyema, for the percussion findings are identical and we have again the diminished or absent breath sounds, resonance, and fremitus; though the presence of friction sounds over the affected area would do much toward the elimination of the probability of an empyema, a sign, the presence of which would be unlikely over an accumulation of pus in the pleural cavity. While the use of the exploring needle will probably prove the existence of a sacculated empyema, I wish to direct attention to a danger in making a diagnostic puncture when pus is present in the pleura; namely, the possibility of carrying infectious material into the lung tissue and infecting it. That such accidents have occurred has been proven by different observers. The carelessness and indifference with which these thoracic punctures are frequently made is horrifying, and the possibility of infecting the lung should always be considered in determining in favor of a low point for such puncture, rather than a high one.

The character of the sputum is frequently of value. Fragments of lung tissue are often found in the pus expectorated, elastic tissue is frequently abundant, and there are sometimes cholesterol and hematoidin crystals. The sputum changes from that found in typical pneumonia and often becomes hemorrhagic, or sometimes grass-green. The odor is offensive, but seldom has the very fetid odor which accompanies gangrene or putrid disintegration. These characteristics, together with the physical signs, will do much to clear up doubt as to the presence of abscess.

The X-ray has proven of value in the diagnosis of lung abscess and, where possible, should be used. As a rule, however, it is only applicable in hospital practice, for the class of patients now under consideration. If the abscess is of fair dimensions, the skiagraph will reveal a dense, circumscribed, shadow; and if exposures are made in both the antero-posterior and lateral planes, its location can frequently be quite accurately determined. Its application should, however, be supplemental to physical examination, for I believe a danger exists in too implicit reliance on X-ray findings. In the development of this very valuable aid to diagnosis, we are very apt to forget and ignore the accurate results obtainable by thorough physical examination.

The form of bronchiectasis which comes within the province of this paper, is the sacculated form which can be definitely located. A consideration of the manner in which bronchiectasis develops will be impossible within these brief limits, more than to make the rather broad statement that we must consider stenosis of that part of the bronchial tree supplying the affected part, together with continuous excess of pressure, the most frequent predisposing

cause, leaving out of consideration the interesting mechanical questions which this statement suggests, and the various conditions giving rise to the stenosis; and pass on to the means by which the condition is most certainly recognized. The physical signs are those of lung cavity. Dyspnea is slight, and pain, if present, is a symptom of accompanying pleurisy, and is sometimes evidence that the affection is approaching the surface of the lung. The thorax is sometimes deformed, and in severe cases a kyphosis of the vertebral column is present. Specially prominent is a marked clubbing of fingers and toes, due unquestionably, as in chronic tuberculosis and chronic heart lesions, to a long continued cyanosis. This symptom was particularly marked in a patient whom I saw through the kindness of Dr. Wallace I. Terry:

This man presented himself to Dr. Terry in 1902, having had, three years before, an attack of hemoptysis following heavy lifting. Cough followed, and one year later he had another attack of hemoptysis. He had occasional night sweats. At the time of presentation, the physical signs indicated a consolidation at the apex of the right lung, and a large involvement of the base of the left, which, from his previous history, suggested a tuberculous condition. He was losing weight, his ankles were swollen, his sputum was of foul odor, great in quantity, and contained no tubercle bacilli. A diagnosis of bronchiectatic abscess was made, and operation revealed a multilocular cavity in the base of the left lung, containing about three ounces of pus. The subsequent history is very interesting, successive operations having been performed. At no time have tubercle bacilli been demonstrated. The man has at present a bronchial fistula which constantly discharges. His general condition is very good.

The most characteristic symptoms of this affection, however, are found in the sputum and the character of the cough. The sputum is purulent, sometimes fetid and gangrenous, and collects, if allowed to stand, into two layers; the lower a thick purulent material, the upper thinner, almost serous in consistency. Blood is occasionally seen; death has occurred from hemoptysis. The cough is paroxysmal, and especially frequent in the morning, because of the quantities of pus which have accumulated in bronchiectatic cavities during the night. Large quantities of sputum are thus expelled; as much as 800 cc in twenty-four hours. From a consideration of these symptoms it will be seen that this form of bronchiectasis can be confounded principally with tuberculosis, pneumothorax, lung gangrene, and suppurative processes occurring in lung tumors, and actinomycotic infections.

In the case of a tuberculous cavity, the presence of the tubercle bacillus, together with the symptom complex of an advanced tuberculosis, must be our principal guides; though it should be remembered that tuberculosis may occur as a complication of bronchiectasis. A large pneumothorax with a sudden onset accompanied by marked dyspnea and cyanosis, together with the group of symptoms which necessarily accompany a large accumulation of air in the pleura, is in little danger of being confounded with this condition. A difficulty often arises, however, in distinguishing between a bronchiectatic cavity and a sacculated pneumothorax; for in the

latter the gross symptoms of pneumothorax (expansion of the thorax, bulging of the intercostal spaces, displacement of heart, liver, and spleen), are not necessarily present while other symptoms of pneumothorax, such as the hyperresonant percussion note, metallic breath sounds, and rales, and the metallic note yielded on pleximeter percussion, are found in both conditions. The intensification of vocal fremitus, however, the sinking of intercostal spaces, the absence of the succussion sound and metallic tinkling, and the rapid changes in auscultatory symptoms following vigorous coughing and expectoration of sputum, are sufficiently indicative to point with unerring finger to the diagnosis of cavity.

Two other conditions must be mentioned with which a bronchiectatic cavity may be confused: putrid bronchitis and pulmonary gangrene. The former may be dismissed with a passing notice; the latter demands more attention, for the sputum in bronchiectasis may be in such large amounts and so fetidly odoriferous as to be indistinguishable from that emanating from a gangrenous area. The fact must be recognized that occasionally gangrene exists as a complication of bronchiectasis, where a bronchiectatic cavity has broken down and invaded the pulmonary structure. In gangrene, however, the clinical course, physical signs, the presence of fever, but, more important than these, the condition of the sputum, must be relied upon to establish the diagnosis. This material is usually thin, of a dirty green color, containing dead pulmonary tissue, hematoidin crystals, disintegrated blood corpuscles, pigment flakes, and various products of chemical putrefaction. Numerous bacteria, especially leptothrix, are frequently present. Tuberculous abscesses can not always be distinguished from those having a different etiology, by physical signs alone; although their frequency in the apex, and particularly in both apices, must be remembered. The character and consistence of the sputum, the nature of the cough, the presence or absence of tubercle bacilli in the sputum and, in afebrile cases, the tuberculin test, must be our main reliance.

Abscesses caused by suppurative processes in lung tumors are rare. When present, a differential diagnosis is often exceedingly difficult, unless the pus cavity communicates with a bronchus, when the histological elements of the tumor will appear in the sputum; or in case the abscess perforates the chest wall, when the character of the pus-containing cavity will be revealed. Likewise in actinomycotic processes, and in suppuration in hydatid cysts of the lung, thorough examination of the sputum will often reveal the true nature of the trouble.

Referring to the second division of this classification, namely abscesses developing in a previously healthy lung, a consideration of some of the various causes of such will lead us to a more ready recognition of the condition. Here we are not confronted, usually, with the confusing problems of differential diagnosis, and therefore, given the physical signs and clinical symptoms of abscess, its recognition will rest largely on a recognition of the exciting cause. This division can be subdivided into (1) metastatic

abscesses; (2) those due to rupture of abscess cavities in contiguous structures; (3) those due to introduction of foreign bodies; and (4) those which are the result of injury.

(1) Metastatic abscesses occurring as pyemic abscesses, or those formed as the result of metastatic malignant processes, seldom would come within the scope of this paper.

(2) Of the second variety, the most frequent cause is extension of an empyema or liver abscess into the lung, and its recognition necessarily rests upon the recognition of the previous condition. Rolleston calls attention to the frequency with which hepatic abscesses rupture spontaneously into the lung; it is, therefore, important that this cause be kept in mind and the sputum carefully examined. This material is usually chocolate colored, and may contain liver particles, fat globules, and amebæ; or in case the hepatic abscess is the result of suppuration in a hyatid cyst, the hooklets of the echinococcus may be found. Of the less frequent causes should be mentioned mediastinal abscesses, abscesses in the wall of the thorax, and carious vertebræ.

(3) Abscesses due to the introduction of foreign bodies, are of rather common occurrence. The suppurative process is brought about by foreign bodies in themselves aseptic, through the agency of bacteria which are normally present on the surface of the bronchial mucous membrane, and which are enabled to pass through the epithelium after it has been injured by the foreign body. If foreign bodies of large caliber are aspirated, extensive ulceration and destruction of a large part of a pulmonary lobe results; in such cases the diagnosis presents no particular difficulties.

(4) The fourth class, those due to injury in the form of open wounds through the thoracic wall, are rare, and, the exciting cause being obvious, need not be considered in detail.

THE SOCIAL EVIL, ITS COST AND CONTROL.*

By GEO. H. AIKEN, M. D., Fresno.

For the purpose of this paper I would define the term "social evil" as open and recognized prostitution in a community, including venereal diseases and their pernicious effects. I do not expect to present anything startling or new, but a few practical thoughts along neglected lines, and also to prove to you that this subject is worthy of our serious consideration.

This is an old theme, as old as the creation of mankind, and the evil probably commenced soon after the banishment of our first parents from the garden of Eden. It is one of those delicate social problems, so complex, embodying as it does the social, moral, physical and legal relations of the sexes, that it has been considered too loathsome and degrading by some, too deep and complex for others, while a few with gloved hands and veiled faces have given the subject some thought and consideration, yet without coming to any rational conclusion,

or formulating any definite plan for its abatement or control.

Measured by its direct and indirect effects, morally, socially and physically, there is no vice or disease—excepting possibly alcohol and tuberculosis—which has caused so much suffering, mutilation and mortality as that of prostitution. It destroyed Sodom and Gomorrah, it caused the downfall of Rome, it has undermined the strength and greatness of France, and is today a menace to our own national welfare and existence. If this evil is allowed to continue unregulated and unrestrained, it will undermine the strength and destroy the manhood of any people, and bring untold misery, disease and premature death to future generations.

We have given our time, talents and means to great life-saving problems in the past, only to overlook and ignore one of the most colossal and destructive agencies existing under modern civilization.

The Cost of Prostitution.—Let us carefully review this subject and count the cost, not in dollars and cents, though this would be appalling, but in the sacrifice of human life, mutilations of the body, suffering, disease and permanent invalidism, and see if we have exaggerated conditions, or occasioned any false alarm.

It is estimated that from forty to fifty thousand prostitutes die annually and that their places are immediately filled by new recruits. It is generally admitted by recent writers that gonorrhea is the most widespread and universal of all diseases. Some writers claim that 90 per cent. (the lowest estimate 75 per cent.) of the male population of our cities have had gonorrhea some time during their lives, while only 5 to 18 per cent. have contracted syphilis. Noeggerath has stated that of every thousand men married in New York eight hundred have had gonorrhea, from which the great majority of their wives have been infected. Morrow states that his own observations at the New York Hospital, "extending over a period of several years, would indicate that fully 70 per cent. of all women who come there for treatment were respectable married women who had been infected by their husbands." According to Fournier, "one-seventh of the population of Paris is syphilitic." Dr. Weiss states that "there are 150,000 syphilitics in Berlin, or 12 per cent. of the population. In New York the number is estimated at 225,000, or 15 per cent. In Copenhagen one in every 55 young men between the ages of 20 and 30 has syphilis.

Parks of England, says, "it is a question whether a large number of the young men of the upper and middle classes do not suffer in youth from some venereal disease." Neisser holds that gonorrhea, with perhaps the exception of measles, is the most widespread of all diseases. Other German authorities have computed that fully three-fourths of the adult male population, and one-sixth of the adult females have contracted gonorrhea at one time or another, and that 80 per cent. of all deaths from disease of the uterus and its appendages are of gonorrheal origin.

Janet only two years ago stated gonorrhea with

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tuberculosis—perhaps more than tuberculosis—is the “great pest of the age.” Also, he says, “if we compare from a social point of view, the importance of gonorrhea with that of syphilis, it is that of 100 to 1 not only from the numbers attacked, but also from the standpoint of the gravity of the lesions and their perpetuity. Gonorrhea modifies in a manner often permanent, the genital organs of patients, renders them infinitely dangerous for the women they approach, causes all the metritis and annexal inflammation which today gives to the surgeons three-fourths of their work, and conducts finally, both men and women to sterility.” J. T. Johnson of Washington, commenting on this subject, states that “the effect of gonorrhea on the female generative organs has been so destructive that no successful contradiction is feared, when the belief is expressed, that no disease in modern times has caused so much mortality, mutilation and suffering, both mental and physical, as gonorrhea.”

Morrow, in his work on “Social Disease and Marriage,” states that “within the past two decades no coccus has so grown in significance and pathogenic importance as the coccus of Neisser.” Gruenwald, Kammerer and Crolax, report 53.83 and 40 per cent of endometritis, mesometritis, and perimetritis, all of gonorrheal origin, as causes of sterility in the female, while Williams insists that 73 per cent of all abortions are due to endometritis, presumably of gonorrheal origin. The cause of ectopic gestation is now believed to be largely due to the effects of gonorrhea. The mutilation of women who are today suffering from the effects of gonorrheal infection of the uterine appendages is appalling, especially when we consider the increasing number of grave surgical operations made necessary by reason of these incurable diseases.

In 1901 the American Medical Association appointed a special committee for the collective investigation of statistics, on the prominence and dangers of gonorrhea. In answer to its question, “what is the proportion of cases of pelvic inflammation coming under your care, which are attributable to gonorrheal infection,” sent to many leading gynecologists in this country and Europe, Huniston replied that 90 per cent. of his cases were attributable to this cause.

Price answered that in over 1,000 abdominal sections for pelvic inflammation 95 per cent. were attributable to gonorrhea, and that in nearly all of these cases the history was reliable and clear. Pozzi and Frederick stated their experience as 75 per cent. Mann, of Buffalo, reports that in his experience just about all his “pus tube operations” are required on account of gonorrheal infection, and in these cases he thinks it becomes necessary for a complete cure to remove the uterus also. We often meet the statement that more than half the abdominal operations performed in the world today are required on account of the infections, adhesions and pus collections, due to gonorrhea.

The vast number of women operated on today in consequence of gonorrheal infection does not by any means represent the amount of invalidism and

suffering occasioned by it. It is a common experience of every physician throughout the land, of married women infected by their husbands, coming to them for relief, most of whom are ignorant of the true cause of their suffering, and crippled for life.

While we have no thoroughly reliable statistics regarding the amount of blindness caused by gonorrhea, yet our best authorities in America believe it to be not less than 15 per cent. Dr. S. M. Burnett, of Georgetown University, believes that “15,000 of the 50,000 blind persons in the United States lost their sight from this cause, involving a financial loss to the commonwealth of seven and one-half millions annually.” In Europe it is considered that 20 per cent. of all blindness in the new-born is due to gonorrheal infection. In Prussia, where they have very reliable data, it has been estimated that typhoid fever represents a yearly loss of \$1,920,000, while that from venereal diseases amounts to \$21,600,000, which is in excess of that caused by tuberculosis.

In the matter of “race suicide,” of which we hear so much today, prostitution is one of the most potent factors. There has been a gradual and continued decrease in the birthrate, not only in this country, but throughout Europe, for the past thirty or forty years. The percentage has decreased from 40 per thousand to 32 in France, and in nearly a like proportion in other countries.

One authority states that venereal diseases cause more deaths and deplete the population, by causing abortion and preventing conception, more than any other known disease or condition. Morrow says that “no disease has such a murderous influence on the offspring as syphilis, that the aptitude of a gonorrheic woman for conception is often extinguished by the first pregnancy. That the race suicide effect of gonorrhea does not end in the prevention of conception, or in one child, but has a much more powerful influence in the production of abortions than has hitherto been attributed to it.” Noerrerath as far back as 1876, declared his belief that 50 per cent of female sterility was caused by gonorrhea. Neisser attributes more than 45 per cent. of sterility in women to the effects of gonorrhea. Lier Archer, found that out of 227 women 121 were sterile because of gonorrhea. Throughout Europe, it is estimated that 60 per cent. of all involuntary childless marriages are caused by gonorrhea of the female generative organs, of which 45 per cent are due to marital infection by men.

Discussing the social aspect of prostitution, Dr. Woods Hutchinson gives evidence to show (1) that 90 per cent. of all prostitutes are drawn from the lowest and most ignorant class of the population, the degenerates or criminals, the idle and the mercenary, a class which the community can best afford to lose; (2) that their average lifetime, after entering this career, is nine and five-tenths years, the shortening of life being due to the following causes, named in the order of their importance: Alcohol, venereal diseases, morphine and chloral, suicide, irregular hours and exposure; (3) that during their active life they are sterile; (4) that they seldom

reform, and if they do, are sterile to a high degree. "Thus prostitution is an agency of high value and wonderful efficiency for first rendering sterile, and then rapidly destroying the worst specimens of the sex, women whose reform and child-bearing would be a curse to the community. No need to spay the prostitute or castrate the criminal, they will do it themselves if given a little time." This is certainly a terrible indictment of womankind, but I am forced to believe that is not far from the truth.

While I believe that this is an important field for the philanthropist and the missionary, that no grander life and soul-saving service could be inaugurated than the multiplication of "rescue homes" and asylums for these fallen women; that their reformation should be encouraged and aided by every means at our command, yet from my own personal experience—working with this class—I am of the opinion that a very small percentage of those who have well started on their downward course, would avail themselves of these opportunities. The sad truth is, that very few of these women ever reform, however great the incentive, or golden the opportunity.

Its Control, How and by Whom? That prostitution is one of the most destructive and pernicious evils known to the human race, no thoughtful or sane person can deny; that it is an absolutely necessary evil, essential to the health, happiness and well-being of mankind, deserving of recognition, and legal sanction, no one dare admit; but while it is an evil, and a terrible one, it is a condition which exists in nearly every city in the land, and probably will continue to exist to the end of time, and the question of the hour is, what shall be done with it?

There is much diversity of opinion as to the best means of limiting or controlling this vice. Some believe that the Christian standard, with early moral instruction and training, is the solution of the whole problem. Others recommend rigid and enforced examination of all prostitutes and licenses, while many condemn this as a recognition of the evil, and legal sanction of the same. Even the medical profession are not fully agreed on the best methods of procedure, and until quite recently were apathetic on this subject. But in the face of the facts already presented, is it not time that something should be done to stay the terrible ravages of disease and mutilation, to say nothing of the social and moral disorganization it produces? If prevention of disease and suffering is a part of our duty and obligation to humanity, then certainly in this field lies a great opportunity and a sacred obligation. Who shall institute this reform if not the medical profession, who are familiar with its ravages and effects?

It has been proven beyond question that where the most rigid sanitary measures have been enforced and official control instituted, venereal diseases have correspondingly decreased. In northern Europe, where venereal diseases are reportable, and treatment is within the reach of all classes, these diseases, according to Weiss, have greatly diminished, but

here, as Bulkley puts it, "ignored through ignorance, neglected through negligence of our duty, so ostracised and outclassed, venereal diseases through false shame, concealment and prejudice, carry on their slaughter, unhampered, unchecked and undisturbed, devastating coming generations and ruining the present one." The *Sanitarian* suggests that a person afflicted with a venereal disease is quite as much a menace to the public health as would be a case of smallpox, or any other communicable disease, and some advocate the reporting of all such to local boards of health, without mentioning names. This might be a step in the right direction, and may be inaugurated much sooner than we anticipate.

It is quite true that in dealing with all public social evils, as prostitution, intemperance and the like, we must ultimately depend upon the molding and restraining influence of public opinion for correction and reform; but while we are waiting for this evolution, let us use every means at our command to curtail and control this evil as far as possible, until such moral standards are raised as will preclude the possibility of its continuance. Of this we may be sure, regarding these social evils, that public opinion will never keep in advance of the moral standards of a community; and neither will we succeed, or deserve to succeed as we should, so long as we continue to countenance two separate moral standards for men and women.

It is a fact that in many of the larger cities of Europe, and Havana, Cuba, prostitution is under official control, with registration of brothels and periodical examination of inmates, and detention in Government hospitals when found afflicted with any venereal disease. Not only there, but in many cities in the United States these examinations are made weekly, and I am of the opinion that this is a necessity in securing a reasonable degree of safety, as a longer period, say two weeks, gives an opportunity for infection, especially from gonorrhea. Why there should be the least objection to measures which will in the least degree lessen the effects of this evil, I am at a loss to understand. Certainly the mere examination of prostitutes and their official control, does not necessarily imply legal sanction or moral recognition of the vice. If these venereal diseases and their baneful effects can be lessened to any appreciable extent it becomes the duty of every municipality to do it. From what little experience I have had along these lines, I am confident that these diseases can be effectually controlled, excepting, of course, that which may come from clandestine prostitution.

To this end it should be placed under police control, as a sanitary measure, with a weekly inspection of all prostitutes, rejecting those with any possible infection, and not only these, but ordering others who are found suffering from severe pelvic diseases other than venereal, under treatment, as they will never care for themselves until overcome with some specific malady. To the medical profession, boards of health, and the family physician falls largely the task of enlightenment, prevention and cure of this great evil. The teaching of sexual

hygiene in all of our high schools and advanced institutions of learning, the proper education of our youth by parents, as to the great dangers of venereal diseases, together with higher moral standards, encouraged and sustained by public opinion, are the forces which will gradually banish prostitution and every form of licentiousness from our midst.

As practical experiences with recorded facts are of especial interest and value, I desire to supplement this paper with a brief history of several months' work in the so-called "tenderloin district" of Fresno. Two rooms were fitted up, having good light, one of which was used for examinations, with all necessary apparatus, table, sterilizer, etc. Examinations were made semi-monthly, on the first and fifteenth of each month, with intervening examinations of any new girl coming to the city. Something like 1,000 examinations were made during this period. A careful inspection was made of the vulva, vagina and cervix-uteri in every case, and the mouths of all French and other prostitutes suspected of practicing unnatural methods. The general appearance, complexion and skin were carefully scrutinized. I commenced this work, confidently expecting to find some cases of syphilis and more of chancroid, but to my great surprise, not a single case was encountered during the entire period. This was not due to any carelessness on my part, for I was looking most diligently for these diseases. This, to my mind, proves what many authorities have recently claimed, namely, that syphilis in relation to gonorrhea in frequency is as 1 to 100, that syphilis and chancroid are more often found among the low and filthy and clandestine prostitutes.

Thus I conclude, and my experience would prove that the above-named diseases are more frequently found among the unwashed, unclean and of easy virtue, in sections other than the so-called "tenderloin districts."

From this experience I have drawn the following conclusions:

(1) That there are some public prostitutes who are absolutely free from all specific infection, and healthful to a marked degree; therefore, the notion prevailing that all are diseased, or have had gonorrhea at some period in their lives, does not hold good.

(2) That many prostitutes are found to have pus in the urethra, cervix-uteri and vagina, in which no gonococci are to be found, and therefore non-specific.

(3) That gonococci are frequently found in the vagina and cervix-uteri, the general appearance of which would excite no suspicion that gonorrhea had ever existed; such are cases of chronic gonorrhea.

(4) That gonorrhea may obtain in the urethra, vagina and cervix-uteri of prostitutes for a long time, yet in no measure involve the body of the uterus, tubes or ovaries.

(5) That when we find a stringy, tenacious, muco-purulent discharge exuding from the cervix of a prostitute, with a tendency to bleed with slight

irritation then we may confidently expect to find the true "coccus of Neisser."

(6) That when gonorrhea once infects the cervix uteri and invades the deeper structures and lymphatics, it will be found one of the most persistent and destructive conditions with which we have to deal, and seldom anything less than the removal of the entire uterus and adnexa will avail.

(7) That most, if not all, of those cases of acute urethritis which yield so readily to treatment—reported cured in a week or less—are non-specific, and caused by pathogenic bacteria, or other than the true coccus of Neisser.

(8) That chancroid and true syphilis are not so prevalent as generally thought and are to be found especially among the low, filthy and intemperate and clandestine prostitutes, who either have no knowledge of, or regard for, sexual hygiene.

THE PHYSICIAN'S RESPONSIBILITY FOR THE NOSTRUM EVIL.*

By RICHARD C. CABOT, M. D., Boston.

As physicians we are largely responsible for the sale of secret remedies. We help to create the demand. We feed it.

We feed it because it is shown that 44 per cent. of the prescriptions filled at one of the best of our Back Bay drug stores in Boston call for nostrums—secret remedies of whose constituents we are ignorant.

The conditions are the same or worse elsewhere. The manufacturers and those whose living depends on the sale of these nostrums, have done their best to obscure the issue by villifying the leaders of the present vigorous crusade against secret nostrums; I mean Dr. Simmons and Dr. Billings. The nostrum makers and a group of medical journals which are their organs, try to deceive us into believing that the great crusade for honest, open, intelligent prescribing and against fraud and ignorance in therapeutics, is all the work of those splendid leaders, Dr. Simmons and Dr. Billings. The truth is that almost every man of mark in the medical profession of the United States has put himself on record within the last year as being in entire accord with the policy of *The Journal* of the American Medical Association, and with the quite unanswerable arguments brought forward in this section by Dr. Billings a year ago. The leaders of medicine throughout the country are in accord on this matter and it is time for the rest of us lesser lights to stand up and be counted too. Any one who attacks Dr. Simmons and Dr. Billings attacks every one of the leading men in American medicine to-day. We, their followers, should stand ready to be hit, too, by every missile thrown at them, for the intelligence of the profession is solidly on the side of *The Journal* in this matter.

The issue is simply between light and darkness—between ignorance and knowledge. A man should know what he is prescribing and not your down his

* From the *Journal* A. M. A.

patients' throats mixtures of whose ingredients and action he is ignorant. It is not a question of where these nostrums are advertised, or whether or not they are patented, or whether the Pharmacopeia contains or excludes them. The whole question for us is: Shall we be false to the confidence which our patients place in us? Shall we, who should safeguard their interests with the keenest watchfulness, desert our post and permit, nay advise them, to use medicine whose composition is wholly guesswork to us, though our patients trust us to investigate and to understand it?

I do not see how any honorable man can see two sides to this question. Suppose an investor went to his financial adviser for counsel on investments and was recommended to buy a certain stock. Suppose the investor to ask "What is the property? Is it manufacturing stock, railroad stock, mines, municipal enterprises?" Would he not be angry and indignant if his expert adviser should answer: "I don't know what it is. A promoter gave me some and said it was good, but I know nothing about it save what he told me." A pretty sort of adviser this! False to his trust, surely; but we are far worse than that, for the financial adviser was dealing only with his client's property, while we deal with his life. They juggle with his dollars—we with his vital organs.

I believe there are not many in this audience who are not guilty—as I am guilty—of the sin of having used remedies—some of them dangerous—without knowing what they contained. I have used amonol, before our Council on Pharmacy and Chemistry showed it up. I supposed (ignorantly, culpably) that it was a synthetic chemical compound, instead of an acetanilid mixture. I am ashamed of it. I shall try to do better, and never again to advise a powerful poison without knowing it, or an inert drug while supposing it, on hearsay evidence, to possess power. But that is just what is advised in 44 per cent. of the prescriptions filled in our Back Bay drug stores. If the public realized this it would be justly angry at our indolence and faithlessness in the high position of trust.

But, I believe that we not only feed the public demand for useless and harmful drugs, but also go far to create that very demand.

Babes are not born with a desire to take a drug for every symptom—they acquire this desire. Who teaches them? You and I do. We educate our patients and their friends to believe that every or almost every symptom and disease can be benefited by a drug. Some ignorant practitioners believe this, and we can not blame them, though we deplore the results of their indiscriminate drugging. But in my experience the educated physician who knows that only a few of his patients can be much benefited by drugs, gives out just as many prescriptions as the ignorant physician who believes all that the Pharmacopeia and the nostrum vendor tell him. The only difference is that the educated physician gives his drugs as placebos. In my opinion, the placebo habit does more harm than the habit of giving drugs to every patient with full faith in their pharmacologic action. But of this I shall say more in a

moment. Here what I want to insist on is that so long as the chief visible, tangible, gustable result of a physician's visits is a row of medicine bottles, just so long will the patient tend to try to eliminate the middle man (the doctor) and buy the drugs himself, "patent" or pharmacopeil as the case may be.

If the result of the physician's visits were a reform in the patient's diet, a lengthening of his hours of sleep, better habits in bathing, ventilation and exercise, and a sleeping balcony, no patient would be such a fool as to think he could get these results out of a bottle of "patent medicine" or a box of headache powders; but when the net result of the doctor's expensive visits is medicine bottles, the patient learns his lesson, clings to his bottle, and eliminates the expensive visits. Result: \$75,000,000 a year for secret remedies.

Placebos have another bad result. They weaken the confidence of the patient in the physician, because every placebo is a lie, and in the long run the lie is found out. We give a placebo with one meaning; the patient receives it with quite another. We mean him to suppose that the drug acts directly on his body, not through his mind by means of expectant attention. If the patient finds out what we are doing he laughs at it or is rightly angry with us. I have seen both the laughter and the anger—at our expense. Placebo giving is quackery. It also fosters the nostrum evil.

The "patent medicine" and nostrum industry will be seriously crippled when we do two things:

- (a) Stop advising secret remedies which may be poisonous or inert.
- (b) Stop fooling our patients with placebos.

The positive side of all this negative advice I have tried to explain in another paper.

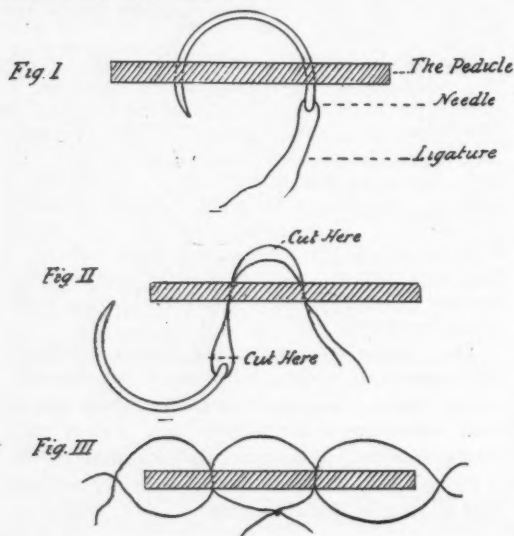
BANTI'S DISEASE.

W. L. Bierring and E. Egdahl, Iowa City, Iowa (Journal A. M. A., October 13), report a case of Banti's disease in which splenectomy was performed and discuss the blood findings. The notable facts are summarized as follows: 1. Before the operation the blood condition was that of the secondary type of anemia, low percentage of hemoglobin and leucopenia. 2. After splenectomy there was a slight fall in red cells, then a rise, a leucocytosis at its maximum twelve days after the operation and characterized by a relative increase in the mononuclear leucocytes, especially the large mononuclears. 3. The absence of myelocytes and the scarcity of nucleated reds, both before and after splenectomy. Discussing these findings in connection with those of others in this disease, the authors remark as to the significance of these blood changes, in hypertrophy of the spleen from any cause, that a decrease in hemoglobin, in erythrocytes, and in many cases also in the white corpuscles, is very likely to follow. How this leucopenia occurs is hard to explain with our present ideas of the hematopoietic function of the spleen, while the cause of the general secondary anemia with splenic hyperplasia is as yet hypothetical. The good results from splenectomy in both splenic anemia and Banti's disease seem to favor the view that the spleen is in some way responsible for the poor blood conditions. The lymphocytosis after splenectomy must be regarded as an effort at

compensation. The authors conclude that in considering the blood findings in the two diseases, Banti's disease and splenic anemia, before and after splenectomy, one is led to the opinion that, whatever the nature of the disease process or the causative influence, the blood-forming organs are not particularly concerned. The more likely points of attack are the vesicular channels, the tissues of the spleen, and in time also those of the liver.

AN IDEAL LIGATURE OR SUTURE.

To the Editor of the State Journal: So far as I am aware, the ligature here described is original; at least it is entirely original with me, and though it may have been used by others or even mentioned in medical literature, if such is the case it has not reached my attention.



In abdominal work I have found it safe, sure and expedient. It is especially useful in cases where there is a large pedicle and where rapid removal is absolutely necessary. It will be noted from the diagram that three sutures may be placed in about the time which ordinarily is required for the placing of one.

Very truly yours,

R. SELDEN ANTHONY, M. D.

GANGOSA.

O. J. Mink and N. T. McLean (Journal A. M. A., October 13), describe the disease known as gangosa, a form of ulcerated rhinopharyngitis which seems to be endemic in the Ladrone and Caroline islands, but has been reported also from some other tropical regions. It has evidently existed there for at least 150 years, is confined to the natives and does not seem to be hereditary or due to diet. The evidence is also against its being a luetic manifestation or a sequel to yaws. The authors' opinion is that it is due to some specific infection, possibly carried by flies or by direct contact, overcrowding, etc. The disease seldom being fatal few chances for autopsy occur, and other than local symptoms and lesions have not been observed. Fordyce says that the lesion is a granuloma of undetermined nature, the histologic picture somewhat resembling tuberculosis. It commences with an ulceration of the pharyngeal mucosa, becoming rapidly progressive and involving sometimes the hard palate, nose, eyes

and face. The tongue and muscles of deglutition are spared and hearing is rarely affected. In the quiescent stage, scar tissue remains, but the active stage may continue indefinitely or may be arrested at any time. A fulminating type occurs in young children, usually proving fatal in forty-eight hours and closely resembling diphtheria. If the patient survives beyond that period the disease follows the usual course. The diagnosis is simple. The sudden onset distinguishes it from lepra and lupus, and the characteristic bacteria are absent. The symptoms differ from syphilis and specific treatment is a failure. The fulminating type is diagnosed from diphtheria by the absence of the Klebs-Loeffler bacillus and the characteristic mutilation. The contagiousness of the disease is evident, and isolation, which was discontinued at the time of the American occupation, has again been made compulsory. In the fulminating type rigid quarantine should be enforced. In the early stages treatment clearly limits the progress of the disease. It is essentially local and aims to destroy the affected area. Tincture of iodine, employed freely, is apparently the best agent, though in some cases the actual cautery may be more effective. Antiseptic mouth washes should also be used and tonic treatment when necessary. As a deodorant, potassium permanganate, 1 per cent. solution, has proved most advantageous. The authors suggest the possible utility of x-ray or light treatment. In the fulminating type the treatment should be symptomatic, combined with thorough local disinfection.

PROSTATECTOMY.

A. H. Ferguson, Chicago (Journal A. M. A., October 13), classifies the case of prostatic hypertrophy as follows: 1. Cases manifesting genitourinary functional disturbances in the first congestive stage of the disease, in which proper hygienic and local treatment may effect a cure, or at least in some cases avert operation. 2. Cases with partial retention, in which the condition progresses insidiously, revealing itself in an acute attack of retention with subsequent residual urine and the necessity of catheterization, or more chronic gradual distention of the bladder with intermittent dribbling of urine. 3. Cases with complete retention with frequent involuntary urination and almost constant dribbling at night. 4. Cases of absolute incontinence and no residual urine. Prostatic enlargement does not always call for operation; the gland may be extremely large and yet cause no obstruction. Obstruction is the one important thing. Ferguson enumerates in detail the pathologic indications for prostatectomy; the conditions that interfere with the function of the vesical meatus; the obstruction of the flow of urine in the prostatic urethra; the contraction and cicatrization of the organ from chronic inflammation, the deleterious effect of prostatic obstruction on the bladder, kidneys and rectum. He reviews the literature bearing on complications, sequelae and mortality, and describes his own practice in performing the perineal operation. He puts the patient preferably in the extra lithotomy position, and, while he prefers to open the membranous urethra and proceed down to the sinus pularis at the point where the ejaculatory ducts open, he has frequently removed the prostate without any injury to the membranous urethra. After splitting the capsule laterally, it is best to enucleate the lateral lobes first, carefully avoiding injury to the ejaculatory ducts. The finger is pressed into the prostatic urethra and acts as a guide while the fibrous attachments between it and the prostate are cut away with cutting forceps. In case the ducts are pushed to one or both sides, and the postatic enlargement rises up into the bladder, he inserts the depressor into the bladder through the perineum to aid the finger in the

enucleation. Care should be taken not to injure the vesical sphincter in removing prostatic nodules behind the bladder and it is best, he states, to do this, piece by piece, with the biting forceps. When there is a polypoid middle lobe projecting into the bladder he removes it by way of the internal vesical orifice. While it is sometimes impossible to save the upper prostatic urethra, especially if the enlargement completely surrounds it, it is not necessary to remove the whole of it as is done in the suprapubic operation. In suitable cases it is possible to remove the whole prostate without injury to the bladder, ejaculatory ducts or prostatic urethra. In cases in which there is no necessity of saving the procreative power, the ejaculatory ducts are deliberately severed and this expedites and facilitates the operation. If it is very desirable to save the ducts, Ferguson says another expedient may be adopted which aids as a guide to save them. This is to open the inguinal region and seeking out the vas deferens, to pass a fine probe down to the sinus pocularis. The best material he has found for this is fine aluminum bronze wire doubled on itself. If catheterizing the ducts is impracticable, methylene blue can be injected which will make it possible to recognize this tissue if it is injured. He makes it a practice to stain the bladder and prostatic urethra in all cases, and before operating to wash it out of the bladder and in its place leave a solution of boric acid, sufficient to distend the bladder to its utmost capacity. As regards drainage he thinks the technic is improved and convalescence hastened by draining through the penis by an ordinary retention catheter, No. 23, American. The article is very fully illustrated.

IDENTIFICATION BY FINGER PRINTS.

J. R. Kean, in the Journal A. M. A. October 13, describes the system of personal identification to be put in use in the United States army. He declares that some such system is a necessity in this country not only for convenience of military administration to purge the army of criminals, repeaters, and other undesirable characters who have gained admittance through fraudulent enlistment, but also to protect the interests of the Government and the individual in case of claims against the former based on the fact of military service. It may also assist to a certain extent in the identification of the dead. The system first adopted in the United States Army (1889) was an adaptation of the pathologic division of the Bertillon system, viz., description of moles, scars, tattoos, blemishes, etc., together with certain simple measurements and physical characteristics, such as height, color of hair, eyes and skin. The complete Bertillon system was not adopted because it required the use of bulky and expensive instruments for exact measurements, and considerable practice and skill in their manipulation. This system fulfilled very satisfactorily for our small army during a decade the special purpose for which it was introduced, namely, to check the custom of "repeating," by which is meant the fraudulent enlistment, usually under an assumed name, of deserters and dishonorably discharged men. After the war with Spain this system was found to be inadequate. Although its use was not extended to the volunteer troops the number of transcript cards on file was over 200,000. A board was appointed October 11, 1905, to investigate the various systems of personal identification now in use, and, after an exhaustive study of the subject, it recommended the adoption of the finger-print system, supplemented by a photograph and brief personal description. The reasons given by the board for preferring the finger-print system of Galten, as improved by Henry, to the anthropometric system of Bertillon are: 1. Its greater simplicity of operation. 2. The

small cost of the apparatus required. 3. The fact that all the skilled work required is transferred to the central office, and so it is only there that experts are required. 4. Greater rapidity of operation. 5. Greater certainty of results. Kean gives in detail the methods of procedure and classification and states that an expert in searching for a duplicate can find it in five or six minutes if it exists in a record of 100,000 cards. This system, he states, will be very valuable in obviating the necessity of much correspondence and collection of evidence at present required to prove identity in cases coming before the War Department and the Pension Bureau. After the introduction of this system, any man who has served in the regular army, can at once establish his identity by placing his right forefinger on the ink pad of an ordinary rubber stamp and making a finger print below his name.

COUNTY SOCIETIES.

PLACER COUNTY.

The regular meeting of the Placer County Medical Society was held in Auburn, on the afternoon of December 8th, with the following members in attendance: Drs. Rooney, Schnabel, Jones, Peers, MacKay, White, Fay and Mules. The minutes of the previous meeting were read and approved. An assessment of one dollar per member was levied on account of the increase of dues to the State Society. The committee on tuberculosis presented the following resolutions, which were adopted:

Whereas, Many patients suffering from Pulmonary Tuberculosis are sent to Placer and neighboring counties, by physicians in other parts of the State, and,

Whereas, Many of said patients are totally, or to a great extent, ignorant of the nature of their disease, of the source of danger they are to others, of the precautions necessary to prevent the spread of the disease, and of the means necessary to protect themselves. Therefore, be it

Resolved, That the members of Placer County Medical Society do hereby protest against the wrong done patients suffering from tuberculosis and to society, by keeping such patients in ignorance.

Resolved, That the members of this Society request their brother practitioners in other parts of the State, before sending their tubercular patients from home, to supply them with the following information:

1st. That they are suffering from tuberculosis.

2nd. That from our present knowledge of the disease, we believe that tuberculosis is spread mainly through the carelessness or ignorance of tubercular patients, who do not destroy their sputum.

3rd. Simple effective methods of destroying sputum and sterilizing linen and table utensils.

4th. The danger of overexercising, the need of good, nourishing food, of plenty of fresh air twenty-four hours in the day, and other similar hygienic measures.

5th. The necessity of being under the care of a competent, skilled physician.

ROBERT A. PEERS,
R. F. ROONEY,
G. H. FAY,

Committee.

The committee on amendments to the constitution and by-laws offered his report, and the same was accepted. Dr. Rooney read a paper on the "Caul in Childbirth," and offered his theories in connection with it. The paper was discussed by all the members present. Officers for the ensuing year were then elected, as follows: President, Dr. R. A. Peers

of Colfax; Vice-President, Dr. A. H. Tickell of Nevada City; Treasurer, Dr. F. White of Auburn; Secretary, Dr. G. H. Fay of East Auburn.
G. H. FAY, Secretary.

SHASTA COUNTY.

Shasta County Medical Society met in regular session, October 20th, 1906, there being present Drs. S. T. White, B. E. Stevenson, T. J. Edgecomb, C. E. Reed, F. Stabel, E. E. Martin, P. H. Weber, R. F. Wallace, and Dr. A. W. Morton, visitor. Minutes of previous meetings read and adopted. Phil. H. Weber, M. D., of Redding and E. E. Martin, M. D. of Millville, were elected to membership in our Society. The Society was favored by a paper from Dr. Morton on the subject of Gastro-intestinal anastomoses, in which he very ably demonstrated the various procedures in the surgery of the alimentary canal. The paper was discussed by all physicians present.

It being the meeting for the annual election of officers, the following were elected for the year 1907: President, R. F. Wallace; Vice-President, B. E. Stevenson; Secretary and Treasurer, Phil. H. Weber; Trustees, T. J. Edgecomb, F. Stabel and R. E. Bolling; Executive Committee, S. T. White, C. E. Reed and C. J. Teass. The Society then adjourned, to meet in regular session January 19th, 1907.

R. F. WALLACE, Secretary.

SANTA CLARA COUNTY.

The Santa Clara County Medical Society held their regular annual meeting on December 19th, 1906, in the Y. M. C. A. building, San Jose, with 21 members present. After the regular order of business, the Society proceeded with the election of officers for the year 1907, with the following result: President, Dr. A. E. Osborne of Santa Clara; First Vice-President, Dr. J. J. Miller of San Jose; Second Vice-President, Dr. W. F. Snow of Palo Alto; Third Vice-President, Dr. J. Clark of Gilroy; Secretary, Dr. K. C. Park of San Jose; Treasurer, Dr. J. F. Burns of San Jose. Three Councilors, Drs. Wagner, Jordan and Asay. Delegates to State Society, Drs. Brown and Snow. Alternate Delegates, Drs. Jordan, Wright, Wagner and Miller.

K. C. PARK, Secretary.

SAN JOAQUIN COUNTY.

The regular monthly meeting of the San Joaquin County Medical Society was held at the residence of Dr. F. R. Clarke Friday, December 28th, 1906, President C. R. Harry in the chair. The following officers for the ensuing year were elected: President, Dr. R. R. Hammond; First Vice-President, Dr. S. W. R. Langdon; Second Vice-President, Dr. J. P. Hull; Secretary and Treasurer, Dr. B. J. Powell; Trustees, Drs. A. E. Arthur, C. E. Allen and E. Harbert; Delegates to State Society, Drs. B. J. Powell and C. R. Harry; Alternates, Drs. Hudson Smythe and A. W. Hoisholt; Committee on Admission, Drs. D. F. Ray, M. Goodman, W. J. Young, F. R. Clarke and H. E. Sanderson; Committee on Ethics, Drs. J. P. Hull, R. B. Knight, J. D. Dameron, H. W. Taggart and J. D. Young; Committee on Finance, Drs. W. E. Gibbons, H. E. Southworth and I. B. Ladd.

Dr. Clarke read a paper on "Morphine Habit, Its Treatment and Cure." The doctor stated that he had in the last ten years treated successfully twenty cases, and reported four of the most interesting ones. He considers one of the secrets of success is not in removing the drug from the patient at once, but allowing small doses, gradually diminishing the same and with the use of strychnia. After de-

termining the amount of morphine taken daily by the patient the doctor arranges a hypodermic solution of morphia and a solution of strychnia, both solutions appearing the same to the patient. After an injection of the morphia solution the same amount from the strychnia bottle is placed in the morphia bottle, the patient being given the treatment every six hours. He finds that in a short time the patient does not crave the drug and eventually obtains a cure. The paper was freely discussed by the members present. After refreshments the Society adjourned.

The regular monthly meeting of the San Joaquin County Medical Society was held in the office of Dr. F. R. Clarke, November 30th, 1906; Dr. C. R. Harry in the chair.

Nominations for officers for the ensuing year were made as follows: Dr. R. R. Hammond was nominated for President; Dr. S. W. R. Langdon for First Vice-President; Dr. J. P. Hull for Second Vice-President; Dr. Barton J. Powell for Secretary and Treasurer; Drs. A. E. Arthur, C. E. Allen and E. Harbert for Trustees; Drs. Powell and Harry for delegates to the State Medical meeting. Dr. Hudson Smythe as alternate for Dr. Powell, and Dr. Hoisholt for Dr. Harry. Drs. Sanderson Ray, Goodman, W. J. Young and F. R. Clarke as Committee on Admission of new members; Drs. Hull, Knight, Dameron, Taggart and J. D. Young as Committee on Ethics; Drs. Gibbons, Southworth and Ladd as Committee on Finance.

The name of Dr. J. E. Nelson of Lodi was presented for membership in our Society. A committee consisting of Drs. Harry, Arthur, Langdon, Ray and Powell was elected to meet and devise some manner of entertainment for the San Joaquin Valley Health Officers' Association, which meets in this city December 10th, 1906. After instructing the Secretary to collect the dues for 1907 as soon as possible, the Society adjourned.

BARTON J. POWELL, Secretary.

SONOMA COUNTY.

The Society met at Dr. A. McG. Stuart's residence in Santa Rosa, and she presided, it being her last meeting as President. Dr. A. McG. Stuart has made a most excellent president. The Society has flourished. We have had good meetings and they have been well attended. She has given us much of her valuable time. Six new members were taken in during the year, and one old one reclaimed. We now have fifty members and we sincerely hope that none will fall out at the beginning of the year 1907.

Present: Drs. J. H. McLeod, G. W. Mallory, J. W. Jesse, W. J. Kerr, J. J. Keating, J. R. Swisher, J. W. Seawell, I. A. Wheeler, E. M. Yates, L. Lain, R. M. Bonar, W. L. Fay, C. H. Thompson, P. A. Meneray, S. S. Bogle, J. E. Hoffman, F. O. Pryor.

We adopted resolutions favoring the establishment of Sanatoriums for the cure of tuberculosis in California by State legislation. We would all like to see a number of these sanatoriums.

The following officers were elected for the year 1907: President, J. M. Swisher, Healdsburg; Vice-President, J. H. McLeod, Santa Rosa; Secretary, R. M. Bonar, Santa Rosa; Treasurer, Lizzie Lain, Santa Rosa; Delegates, J. W. Seawell, term expires 1907; F. O. Pryor, term expires 1908. Alternates, Edw. Gray, term expires 1907; Smith McMullin, term expires 1908. Censors, S. S. Bogle, president, term expires 1907; Kurt Urban, term expires 1908, W. J. Kerr, term expires, 1909. New committee on public legislation not yet named.

Dr. Swisher's paper on obstetrics and his own experience in particular was interesting as a story or for instruction. The doctor detailed his first two cases in obstetrics. "I believe I am right in assert-

ing that the longer we practice and the more familiar we become with the revelations of the lying-in chamber, the more we are convinced of the fact that dangerous hemorrhages, hour glass contractions, spasms of the cervix, malpresentations, morbid adhesions of placenta and the imperative necessity for the application of forceps, are extremely rare; oftentimes I have disinfected my forceps and then laid them by for a time and then would be born a healthy babe with no lacerations."

Dr. C. H. Thompson's paper "Asepticism" was in keeping with cleanliness. He did not use bichloride as much as many do. He always takes his own soap and lubricant. He never douches unless there is a decided indication for it. Always gives his own intra-uterine douche; does not trust it to nurse. He thought there should be but very few cases of infection at this age of disinfectants.

The President, Dr. A. McG. Stuart then invited us to a turkey dinner, so we whiled away the late hours of the night at the banquet table; and so closed one of the most enjoyable meetings ever held by our Society.

G. W. MALLORY, Secretary.

VENTURA COUNTY.

The regular meeting of the Ventura County Medical Society was held on Monday evening, December 17th, at the residence of Dr. T. E. Cunnane, Ventura. Election of officers for 1907 resulted as follows: President, A. A. Maulhardt, M.D., Oxnard; Vice-President, C. Teubner, M.D., Satcoy; Secretary and Treasurer, G. N. Stockwell, M.D., Ventura.

The subject of discussion for the evening was "The Radical Cure of Inguinal Hernia," Dr. W. R. Livingston of Oxnard reading the paper. Dr. Livingston described the most modern methods, relating a number of successful operations occurring in his own practice. President Cunnane opened the general discussion which followed, a number of interesting cases being mentioned by the members present. The Society gave a vote of thanks to Dr. Livingston for his interesting discourse. The charming hostess, Mrs. Cunnane, then invited all to partake of an elegant repast, a treat long to be remembered. The Society voted thanks to Dr. and Mrs. Cunnane.

CHARLES TEUBNER, Secretary.

PUBLICATIONS.

Modern Clinical Medicine—Diseases of The Digestive System. Edited by Frank Billings, M. D., D. Appleton & Company. \$6.00 net.

This book is one of the volumes of the authorized translation of "Die Deutsche Klinik." It is well translated and the paper and type are good. The book consists of a compilation of articles, each article being written by a recognized authority on the particular subject of which he treats.

Rosenheim writes on "Stenosis of the Esophagus." He speaks of the merits of the Esophagoscope, but omits reference to the X-Ray, which is a valuable diagnostic agent in many esophageal conditions. The article, though short, is an excellent one, and Billings, the editor, has added a picture of the Sippy Dilator. Fleiner's communication, "The History and Clinical Indications of Gastric Lavage," is learned, wise and clear. Riegel writes interestingly and instructively on "Diagnosis and Treatment of Gastric Dilatation," and gives much practical information. He discusses acute dilatation; but mentions not Fagge, who reported the first case.

Boas contributes the article on "Gastric and Intestinal Carcinomata" and attributes much importance to the so-called gastric rigidity (local tonic contractions) as an early indication of an obstruction at the pylorus. Weber's modification of the guaiac test is recommended and described, which shows how soon even a newly published book fails to be up to date, as the Benzidin variation of this test is now the favorite one. Hirschfeld is the author of the chapter on "Displacement of the Abdominal Viscera and of the Heart." He fails to allude to the now famous frozen section of an enteroptotic subject made and published by Keith in which the kinking of the bile ducts caused by the rotated liver is so beautifully shown; and indeed throughout the book little reference is made to English or American work. Osler handles "Diseases of the Pancreas" briefly and somewhat generally.

Minkowski, in writing of jaundice, still adheres to his views as regards its possible origin from a disturbance of the hepatic cells resulting in the excretion of biliary constituents in an abnormal direction (icterus per parapidesin).

Stadelman contributes the chapter on "Chronic Inflammation of the Liver." He describes the ascites to a mechanical cause, and the views of Hale White are not alluded to. An hypertrophic stage is considered to precede atrophy in common cirrhosis. In the treatment of Hanot's cirrhosis the reports of the French surgeons on the advantages of drainage of the gall-bladder are not referred to, though in biliary hepatic cirrhosis, which is rightly sharply differentiated from Hanot's cirrhosis, the necessity for such a procedure is insisted upon. Syphilis of the liver is treated briefly, and here the editor adds a note on the temperature which may occur in the course of this condition.

Kraus, in writing of "Neoplasms of the Liver and Biliary Passages," draws attention to the advantage of a cholestectomy in gallstone disease from the prophylactic standpoint of carcinoma; he refers to the rarity of fatal uncomplicated jaundice due to gallstones, and discusses primary carcinoma of the liver very satisfactorily under the headings of Massive Nodular and Cirrhotic Carcinoma.

To Neusser's article on "Gallstones," Billings adds an opportune note to the effect that gallstone disease is a surgical disease. Neusser, however, rightly refers to the difficulties of the surgeon who, having performed previously a cholestectomy, is compelled to operate for a recrudescence and notes that the intermittent fever in liver affections may be due to Carcinoma, Syphilis, or Tuberculosis as well as to infection processes.

Vierordt contributes a particularly clear clinical picture of the varieties of "Acute Peritonitis." It is to be noted that the necessity for early operation is being recognized in Germany. The occurrence of a leukocytosis and its increase in the purulent forms of appendicitis are not sufficiently emphasized. He makes one point, viz., that the course to be pursued depends upon the skill of the surgeon who is at hand—a point well worthy of consideration in the treatment of all abdominal diseases. The section on "Examination of the Gastric Contents," is short but contains all the information that the general practitioner needs; and Strasburger has written a satisfactory section on the "Examination of the Feces," Schmidt's and his own work forming the basis of his article. Of the remaining chapters, Fleiner's article on "Diarrhea. Intestinal Catarrh, etc.," deserves close study and is made very instructive. In conclusion we have much pleasure in highly commending the book, as it is an eminently sane and wholesome exposition of the subjects of which it treats, and is moreover of a truly clinical character.

C. M. C.

School of Medicine.	Date of Graduation..	Anatomy....	Bacteriology.	Chemistry....	Mat. Med....	Obstetrics....	Pathology....	Physiology....	Practice....	Surgery....	Percentage..
PASSED.											
Cooper Med. Coll., S. F., Cal.....	5, 9, 06	89	75	81	84	84	85	91	82	92	84 7-9
Cooper Med. Coll., S. F., Cal.....	5, 1, 05	87	77	77	96	78	63	80	84	91	81 4-9
Cooper Med. Coll., S. F., Cal.....	5, 9, 06	85	68	75	82	69	60	79	76	86	75 5-9
Oakland Coll. of M. and S., Cal.....	6, 1, 06	83	85	60	73	90	68	71	75	94	77 2-3
Univ. of Cal., S. F., Cal.....	5, 16, 06	91	81	82	87	96	94	95	92	94	90 2-9
Univ. of Cal., S. F., Cal.....	5, 16, 06	86	77	94	87	96	85	100	79	95	88 7-9
Univ. of Cal., S. F., Cal.....	5, 16, 06	90	85	88	82	94	83	95	91	91	88 7-9
Univ. of Cal., S. F., Cal.....	5, 16, 06	82	75	82	80	89	75	93	75	91	82 1-3
Univ. of Cal., S. F., Cal.....	5, 16, 06	84	61	91	81	84	84	93	86	86	82 2-9
Univ. of Cal., S. F., Cal.....	12, 7, 06	88	78	88	85	88	70	73	70	86	81 2-9
Univ. of Cal., S. F., Cal.....	5, 17, 05	89	74	60	75	80	70	93	80	86	78 5-9
Univ. of So. Cal., L. A., Cal.....	6, 14, 06	81	70	67	85	84	64	66	80	86	75 2-3
Chicago Homo. Med. Coll., Ill.....	2, 19, 89	75	79	87	88	88	75	82	84	84	81 1-3
Coll. of P. and S., N. Y.....	6, 10, 03	88	80	86	84	85	80	85	95	90	85 8-9
Harvard Univ. Med. Coll., Mass.....	6, 26, 01	89	81	92	88	88	85	93	75	95	87 1-3
Harvard Univ. Med. Coll., Mass.....	6, 26, 01	90	73	79	83	82	75	90	81	94	81 8-9
Harvard Univ. Med. Coll., Mass.....	6, 1, 87	80	77	75	86	76	79	90	79	92	81 5-9
Hering Med. Coll., Ill.....	4, 11, 03	78	65	67	90	72	60	78	90	85	76 1-9
Hosp. Coll. of Med., Ky.....	6, 19, 94	81	83	82	84	89	65	86	60	87	75 2-9
Jefferson Med. Coll., Pa.....	3, 1, 92	75	75	76	77	69	73	68	85	80	75 1-3
Johns Hopkins Univ., Md.....	6, 1, 06	88	72	76	76	82	76	90	80	80	80
Kentucky Sch. of Med., Ky.....	7, 1, 06	79	68	76	82	84	61	85	82	87	78 2-9
McGill Univ., Montreal, Can.....	6, 1, 03	91	74	77	80	76	81	95	95	83	83 5-9
Medical Coll. of Ohio.....	10, 24, 96	83	89	79	80	90	93	96	83	90	88
Medical Coll. of Ohio.....	4, 9, 97	90	74	85	88	78	71	62	97	87	81 1-3
N. W. Univ. Med. School, Ill.....	6, 15, 05	89	80	77	91	97	80	96	80	90	86 2-3
N. W. Univ. Med. School, Ill.....	6, 16, 04	88	82	76	82	94	84	93	73	91	83 2-3
N. W. Univ. Med. School, Ill.....	6, 18, 03	80	86	68	73	94	70	64	75	87	77 4-9
N. W. Univ. Woman's Med. School, Ill.....	3, 1, 99	85	79	75	81	93	67	75	62	81	77 5-9
Royal Coll. Surg., Eng., and Royal Coll. Phys., Ireland.....	1, 1, 00	90	67	87	88	96	81	88	77	87	84 5-9
Royal Univ. of Turin, Italy.....	7, 7, 05	87	68	70	81	71	90	61	72	75	75
Univ. of Kans.....	3, 15, 92	86	76	73	87	96	68	93	75	95	83 2-9
Univ. of Penn.....	6, 1, 97	90	84	73	92	97	87	80	83	91	86 1-9
Univ. of Va.....	7, 2, 91	90	81	66	83	64	70	83	80	85	78
Univ. of Wurzburg, Germany.....	7, 1, 03	86	67	69	78	63	75	90	67	83	75 1-3
Woman's Med. Coll., Pa.....	5, 20, 03	88	77	76	73	77	72	78	81	92	79 1-3
FAILED.											
Coll. of P. and S., S. F., Cal.....	5, 15, 06	80	66	51	79	55	53	66	68	82	66 2-3
Univ. of So. Cal., L. A., Cal.....	6, 13, 05	79	68	71	79	84	76	66	40	79	71 1-3
Am. Coll. of M. and S., Ill.....	5, 17, 06	78	62	43	77	71	60	51	80	82	67 1-9
Cincinnati Coll. of M. and S., O.....	2, 1, 75	70	41	56	82	72	79	31	30	73	62 7-9
Coll. of P. and S., Chicago, Ill.....	6, 16, 05	75	64	69	75	88	60	74	60	86	72 1-3
Coll. of P. and S., Chicago, Ill.....	4, 14, 98	79	80	75	78	89	50	64	49	76	71
Coll. of P. and S., Chicago, Ill.....	4, 13, 93	50	42	38	72	60	53	36	76	71	55 1-3
Coll. of P. and S., Keokuk, Iowa.....	2, 26, 90	80	64	47	85	68	60	60	77	79	68 8-9
Denver Coll. of Med., Colo.....	4, 16, 95	75	58	62	72	70	47	70	45	80	64 1-3
Imperial Ist Higher Med. Coll., Tokio, Japan.....	12, 27, 92	65	54	84	65	35	29	42	79	55 2-3	
Med. Coll. of Ohio.....	3, 1, 82	52	54	60	74	67	35	51	32	53	53 1-9
Queen's University, Ont., Can.....	4, 23, 88	62	56	50	63	75	55	49	26	78	55 1-9
Univ. of Louisville, Ky.....	6, 29, 05	68	63	56	79	77	63	48	50	79	64 7-9
Univ. of Michigan.....	7, 1, 86	79	63	83	75	60	58	52	70	60	60
Univ. of Tenn.....	2, 22, 88	75	51	50	82	73	41	75	60	54	62 1-3

NEW LICENTIATES.

Alden, Elliot, Harvard Univ. Med. Coll., Mass.; Anderson, Chas. W., McGill Univ., Montreal, Can.
 Beattie, John L., Cooper Med. Coll., S. F., Cal.
 Carey, Henry B., N. W. Univ. Med. School, Ill.; Childs-ter, W. C., Medical Coll. of Ohio; Cloud, M. M., Univ. of Kans.; Creamer, Michael S., Kentucky Sch. of Med., Ky.
 Eldenmuller, Wm. C., Univ. of Cal., S. F., Cal.
 Feser, Joseph, Univ. of Wurzburg, Ger.; Franklin, J. H., Univ. of Cal., S. F., Cal.
 Haber, Wm. J., Coll. of P. & S., N. Y.; Hays, Wilfred B., Univ. of Cal., S. F., Cal.; Howard, Edw., Harvard Univ. Med. Coll., Mass.; Hubble, J. E., Univ. of Va.; Hunter, Geo. G., Univ. of Cal., S. F., Cal.; Hyde, Lawrence B., Cooper Med. Coll., S. F., Cal.
 Isnardi, M. C., Royal Univ. of Turin, Italy.
 Janss, Edw., N. W. Univ. Med. School, Ill.; Johnson, Julia R., Youngman, Woman's Med. Coll., Pa.; Jones,

Chas. B., Univ. of Cal., S. F., Cal.; Kneidler, Wm. L., Jefferson Med. Coll., Pa.
 Lyen, John B., Hosp. Coll. of Med., Ky.
 Marxmiller, Harry G., Med. Coll. of Ohio; McEnery, W. A., Royal Coll. Surg., Eng. & Royal Coll. P. Ire.; McReynolds, R. P., Univ. of Penn.
 O'Reilly, Thos. W., Jefferson Med. Coll., Pa.; Owen, Carl S., N. W. Univ. Med. School, Ill.
 Patek, Robert, Johns Hopkins Univ., Md.; Peck, J. W., Univ. of Cal., S. F., Cal.; Pomeroy, Geo. T., Oakland Coll. of M. & S., Cal.
 Rees, Bynon, R., Harvard Univ. Med. Coll., Mass.
 Sherer, Wm. W., Univ. of So. Cal., L. A., Cal.
 Temple, Jackson, Univ. of Cal., S. F., Cal.
 Waggoner, Eugene L., Chicago Homo. Med. Coll., Ill.; Wallace, E. P., Hering Med. Coll., Ill.; Welsh, Prudence M., N. W. Univ. Woman's Med. Sch., Ill.; Whiting, F. M., Cooper Med. Coll., S. F., Cal.
 Lillie L. Koerber, Luther M. Cain, Seymour E. Ball, and Wm. J. Reed were granted licenses after removing conditions at this examination.

In view of my assuming the Directorship of the Lane Hospital Radiographic Department, I have for sale at cost price—

1—A new Biddle Jumbo Coil. It is constructed on the German plan, with varying inductance, and is especially built for the direct current for quick work. It is not suitable for the alternating current.

2—An unused Radiographic table with compression diaphragm (Biddle).

3—An unused Rheostat (Biddle).

This outfit was acquired after the fire with a discount.

DR. C. M. COOPER,
 2411 Fillmore Street, San Francisco.